

FALL SESSION REGISTRATION BEGINS TUESDAY, 8/16

Please print the following information (one person per form):

Today's Date: _____

Sunnyvale Residents: Show or mail in two forms of identification (one must be a photo ID) with same name and address to register.

Last Name: _____ First Name: _____ Membership #: _____

Address: _____ Phone Number: _____

I have read and agree to the registration, refund, and program policies.

Waiver for Adult Participants: In consideration of participation in a class or activity offered by the Parks and Recreation Department of the City of Sunnyvale, I, the below signed, agree to indemnify and hold the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Sunnyvale, its City Council, employees, agents, and volunteers from and against any liability arising out of or connected in any way with my participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. • I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or my heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns. • I have read and agree to the registration and program policies. Further, I agree to allow use of my photograph for public publicity. By my signature below, I acknowledge that I have read this document and understand its contents.

Signature: _____ Date: _____

Class #	Activity Name	Dates	Member Fee	Self
	Membership 2005*		\$16 (\$24 NR)	

* Need to fill out a NEW membership application card

Total _____

☐ Cash

☐ My check is attached. Make payable to: **City of Sunnyvale.**

NOTE: \$30 charge on all returned checks.

Charge my: ☐ Mastercard ☐ Visa

Name of card holder _____



Card No. | | | | | - | | | | | - | | | | | - | | | | |

Expiration Date: _____ 3 Digit Security Code (on back of card) _____



Fax to (408) 737-4965 three days before 1st day of class • Phone (408) 730-7341 beginning August 16, 2005